

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000029515

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** BRIAN DOUGLAS ANDERSON, PL

**Current Principal Place of Business:**

16024 HERONS VIEW DR  
ALVA, FL 33920

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JOHN M WICKER PA  
P.O. DRAWER 60205  
FORT MYERS, FL 33906

**New Mailing Address:**

16024 HERONS VIEW DR  
ALVA, FL 33920

**FEI Number:** 33-1114779

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WICKER, JOHN M  
12670 NEW BRITTANY BLVD., SUITE 101  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ANDERSON, BRIAN D  
Address: 16024 HERONS VIEW DR  
City-St-Zip: ALVA, FL 33920

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRIAN D. ANDERSON

MGRM

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date